	DATE	AT A TOMAN		AND SUPERIOR	-	TION REC			Applic	ation.c	E Docke	Alternation	
7	VE PARTE		HECTIVE OF	dober 1, 2	000	TION REC	Uni		0	9/	719	370	)
1	CLAIMS AS FILED - PART I								1 EMTER				
	TOTAL CLA	MS	(Col	(Column 1) (Column 2)				"-SMALL ENTI			or Sm.	OTHER THAN SMALL ENTITY	
	FOR	<del></del>	Affica	SER FILED	1.0		RATE			Ε	RA		EE
	TOTAL CHAR	GEABLE CLAIM			טא	MBER EXTRA	1	BASIC	FEE		OR BASIC	FEE 8	W
11	NDEPENDEN	+ -	minus 20=	-			X\$ 9	X\$ 9=		R XSI	8=		
-		PENDENT CLAIR	M PRÉSENT	/ minus 3 =   -			X40=				R X80	)=	
r							] [	+135	ia l		R +270		
	* If the difference in column 1 is less than zero, enter "0" in column 2							TOTA		<b>-</b> -	· L		-À
CLAIMS AS AMENDED - PART II													
Ţ	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST							SMAL	L ENTIT		SMA	LL ENTI	TY
AMENDMENT A	Total	AFTER AMENDMEN	7	PREVIO	USLY	PRESENT EXTRA		RATE	TIONA FEE		RATE	AD TION	VAL
	Independent	12	Minus	1./	<u>2</u>	-0		X\$ 9=			X\$18.		-
₹	FIRST PRES	ENTATION OF	Minus MULTIPLE D	/	* ***	. 0		X40=	1	7	You	+	$\dashv$
		LAIM			135=	1	HOA	-	+	$\dashv$			
	5251	u					<u>_</u>	TOTAL		OR	TOY		4
_	(Column 1) (Column 2) (Column 3)							DIT. FEE	L	JOR	ADDIT. FE		
AMENDMENT B		REMAINING AFTER AMENDMENT	4.1	NUMBE PREVIOUS PAID FO	R SLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL		RATE	ADD	
Ž	Total	1.19	Minus	20			上。	<b>(\$ 9</b> =	FEE	1	<u> </u>	FEE	
AM	Independent	<u>a</u>	Minus	3		=		(40=		OR	X\$18=	<del> </del>	1
	· ·	NTATION OF M	ULTIPLE DE	PENDENT CL	AIM		F	402		OR	X80∍	<u> </u>	_
	C Dela	07/					•	135=		OR	+270=		-
(	0-24-	(Column 1)		40.4			ADD	TOTAL IT. FEE		OR	TOTAL ADDIT. FEE		]
١.	Bon were	CLAIMS REMAINING	1000	(Column HIGHES)		Cotumn 3)	_		·				
2	rilye i	AFTER AMENDMENT	- 7×6 404	PREVIOUS PAID FOR	LY	PRESENT EXTRA	A.	ATE	ADCI- TIONAL		RATE	ADDI TIONA	u.
;	Total Independer	.73	Minus	·20		-3	X3	9=	FEE	_	VC+0	FEE	7
}		NTATION OF MIL	Minus	3	$\Box$	•	<u> </u>	O=		OR	X\$18±	34	4
		TON OF MC	LIPLE UEP	ENDENT CL	MIA		$\vdash$			OR	X80=		1
		at 1 te fland in his on				•	• .	35-		ne	+270=	<del>{</del>	ļ
Th	he Highest Num e Highest Numb	nber Previously Par per Previously Pard per Previously Pard	orus in this of for in this	SPACE IS loss	thạn :	3' euror "3", 50' euror "50",		FEE		OR A	TOTAL DDIT. FEE	54	1
	-	TOTOUSY PAR	Let (soraton	iugebeugeut) i	s (he h	ghest number to	und in	me and					7

FORM PTO-075 (Rev 8/00)

Patent and Tistemen Office, U.S. DEPARTMENT OF COMMERCE

**Application or Docket Number** 

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2004

09/719370

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMAL TYPE	L ENTITY	OTHER THAN OR SMALL ENTITY		
FOR	2/27/0	NUME	NUMBER FILED		NUMBER EXTRA		RATE	FEE		RATE	FEE
	C FEE							395.00	OR		790.00
TOTA	AL CLAIMS		9 minu	minus 23 * -		9	x\$11=		OR	x\$22=	-
INDEPENDENT CLAIMS 2 minus 3 =					* _	9	x41=		OR	x82=	
MULTIPLE DEPENDENT CLAIM PRESENT									OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2									OR	TOTAL	0
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMAL	L ENTITY	OR	OTHER THAN SMALL ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMEN <sup>T</sup>		NI PRE	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
P	Total	*	Minus	**		=	x\$11=		OR	x\$22=	
MEI	Independent	*	Minus	Minus ***		=	x41=	,	OR	x82=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+135=		OR	+270=	,
	(Column 1) (Column 2) (Column 3)						TOTA ADDIT. FE		OR	TOTAL ADDIT. FEE	1.9
ENT B		CLAIMS REMAINING AFTER AMENDMEN		NI PRE	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		CL/ 154 - BIMAL RATECT	CADDI- TIONAL
MENDMENT	Total	*	Minus	**		=	x\$11=		OR	x\$22=	
ME	Independent	*	Minus	***		=	x41=		OR	x82=	
<b>∠</b>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							:	OR	+270=	
	(Column 1) (Column 2) (Column 3)							L E	OR	TOTAL ADDIT. FEE	
ENT C		CLAIMS REMAINING AFTER AMENDMEN		NI PRE	GHEST UMBER VIOUSLY AID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NO.	Total	*	Minus	**		=	x\$11=		OR	x\$22=	
AMENDMENT	Independent	*	Minus	***		=	x41=		OR	x82=	
lacksquare	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135=								OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											